PTO/SB/21 (02-04)
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10/077,091

**Application Number** 

TRANSMITTAL		Filing Date	February 15, 2002					
FORM		First Named Inventor	Jon R. Stabler					
(to be used for all correspondence after initial filing)		Art Unit	3762					
,		Examiner Name	Bockelman, Mark					
Total Number of Pages i	in This Submission 24	Attorney Docket Number	SPY 301	001				
	ENC	LOSURES (Check all that	apply)		<del> </del>			
Express Abando	ched  oly  al  s/declaration(s)  ne Request  nment Request  losure Statement  f Priority  Rema	Drawing(s) 2 Sheets  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addre  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	to T Apple of A Apple (Apple (	Technolo peal Cor Appeals peal Cor peal Not oprietary itus Lett ner Enclo ntify bel e Specifi	osure(s) (please ow):			
	e to Missing Parts CFR 1.52 or 1.53	OGY CENTER POS						
	SIGNATURE	OF APPLICANT, ATTORN	EY, OR AGENT	ſ				
	Firm or Individual name Kolisch Hartwell, P.C							
Date Augu	ust 13, 2004			_				
	U							
	CERTIFIC	CATE OF TRANSMISSION	MAILING					
I hereby certify that this of sufficient postage as first the date shown below.	correspondence is being facsi t class mail in an envelope ad	imile transmitted to the USPTO or dressed to: Commissioner for Pat	deposited with the ents, P.O. Box 145	United 8 0, Alexa	States Postal Service with Indria, VA 22313-1450 on			
Typed or printed name	Mandi M. Leighty							
Signature	Mandi M. D	e i alutu	Date	August 13, 2004				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)

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## **TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

(\$) 475.00 **TOTAL AMOUNT OF PAYMENT** 

Signature

	Complete if Known					
Application Number	10/077,091					
Filing Date	February 15, 2002					
First Named Inventor	Jon R. Stabler					
Examiner Name	Bockelman, Mark					
Art Unit	3762					
Attorney Docket No.	SPY 301					

Date

August 13, 2004

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit card Money Other Nor	ne 3. A	3. ADDITIONAL FEES						
Deposit Account:		Entity	Smal	I Entity	•			
Deposit Account:	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Number	1051	130	2051	65	Surcharge - late filing fee or oath			
Deposit Account Name  Kolisch Hartwell, P.C.	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
The Director is authorized to: (check all that apply)		130	1053	130	Non-English specification	<b></b>		
Charge fee(s) indicated below Credit any overpayments		2,520	1812	2,520	For filing a request for ex parte reexamination	· <b>  </b>		
Charge any additional fee(s) or any underpayment of fee(s)		920*	1804	920°	Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month			
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month			
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	475.00		
Fee Fee Fee Fee Pee Pee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403	290	2403		Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 0.00	1452	110	2452		Petition to revive - unavoidable	3		
		1,330	2453	665	Petition to revive - unintentional	K2		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSU	1501	1,330	2501	665	Petition to revive - unintentional Utility issue fee (or reissue) Design issue fee Plant issue fee	VI O		
Total Claims 4 2000 = 0 X 9.00 = 0.00	id 1502	480	2502	240	Design issue fee	2 1/1		
Independent 50 - 50 - 50 - 50 - 50 - 50 - 50 - 50	1503	640	2503	320	Plant issue fee	9		
Claims 1 - 3** = 0 X 43.00 = 0.00  Multiple Dependent	1460	130	1460	130	Petitions to the Commissioner	C To		
	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	1 2 18		
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	TSP.		
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per	~~~		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	property (times number of properties) Filing a submission after final rejection	17		
1201 86 2201 43 Independent claims in excess of 3					(37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))			
1204 86 2204 43 "Reissue independent claims over original patent	1801	770	2801	385	. , , , , , , , , , , , , , , , , , , ,			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination			
<u> </u>	Other	fee (sp	ecifu\		of a design application	<del>  </del>		
SUBTOTAL (2) (\$) 0.00				iling F	e Paid Cuproza (a) (a)	<u></u>		
**or number previously paid, if greater; For Reissugs, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 475.00								
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) David P. Cooper A Name (Print/Type) David P. Cooper A Name (Print/Type) 33,372 Telephone (503) 224-6655								

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